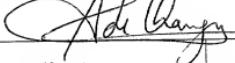


DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____
 or Bar Code Label _____ OR Correspondence address below

Name CAVARRETTA FABRICE L Address 29, RUE DU FAUBOURG MONTMARTRE City PARIS State ZIP 75009 Country FRANCE Telephone +33 148242305 Fax +33 148242305			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FABRICE L Inventor's Signature 		Family Name or Surname CAVARRETTA Date	
Residence: City PARIS Mailing Address 29, RUE DU FAUBOURG MONTMARTRE City PARIS		State FRANCE ZIP 75009	Country FRANCE Citizenship FRENCH
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) ALEXANDRE Inventor's Signature 		Family Name or Surname CARPENTIER DE CHANGY Date	
Residence: City LONDON Mailing Address AV, ENILLE VANDERVELDE 109 City BRUSSELS		State LONDON ZIP 1200 Country	UNITED KINGDOM BELGIUM Citizenship
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			